

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/595561**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					/			51					
2					/			52					
3			2					53					
4			0					54					
5			0					55					
6			0					56					
7			0					57					
8			0					58					
9			0					59					
10			0					60					
11			0					61					
12			0					62					
13			1		1			63					
14			1		1			64					
15			2					65					
16			0					66					
17			0					67					
18			1		1			68					
19			1		1			69					
20			1		1			70					
21			2					71					
22			0					72					
23			0					73					
24			0					74					
25			0					75					
26			0					76					
27			0					77					
28			0					78					
29			0					79					
30			0					80					
31			0					81					
32			0					82					
33			0					83					
34			0					84					
35			1		1			85					
36			1		1			86					
37			2					87					
38			0					88					
39			0					89					
40			1					90					
41			1					91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			6		5			TOTAL IND.					
TOTAL DEP.			37		33			TOTAL DEP.					
TOTAL CLAIMS			45		38			TOTAL CLAIMS					